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PTC/SB/05 (1/88)

Approved for use through 9/30/2000. OMB 0651-0032 '

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Reduction Act of 1995, no persons are required in resound to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney	Docket No.	T8466250US	
First Inventor or Application		Crupi, Frank	
Title	method of in-sit	U REJUVENATION OF ASPHALT	

Express with Laber No.						
	APPLICATION ELEMENTS EP chapter 600 concerning utility patent a	pplication	ASSIstant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231			
1. []	Fee Transmittal Form (e.g., PTO/SB/17)		6. Microfiche Computer Program (Appendix)			
2. 🗸 🤞	Specification [Total	15]	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
-	Descriptive title of the Invention Cross References to Related Application Statement Regarding Fed sponsored R & Reference to Microfiche Appendix		a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above coples			
	Background of the Invention Brief Summary of the Invention					
	Brief Description of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS			
	Detailed Description		8. Assignment Papers (cover sheet &			
	Claim(s) Abstract of the Disclosure		9. 37 C.F.R. 3.73(b) Power of Attorney			
3. 🚺 D	Prawing(s) (35 U.Ş.C. 113)	10)	10. English Translation Document (if applicable)			
4. Oath or a.	Declaration [Tatal	, ,	11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations			
- [Newly executed (original or copy)		12. Preliminary Amendment			
b. [Copy from a prior application (37 ([Note Box 5 below]		13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
	I. DELETION OF INVENTOR	<u>k(S)</u>	14. Statement(s) Statement filed in prior			
	inventor(s) named in the prior	application,	(PTOSB/09-12) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Other: Unexcuted Declaration			
5. <u>tr</u>	acorporation By Reference (usable if Box 4b	Is checked)				
a	he entire disclosure of the prior application	n, trom which	16. Other: Unexecuted Declaration			
is	opy of the oath or declaration is supplied t	inder Box 4b,	* A new statement is required to be entitled to pay small entity fees, except			
			oply the requisite information below and in a preliminary amendment: (CIP) of prior application /			
Prior	application information: Examiner		Group / Art Unit			
			DENCE ADDRESS			
Customer Number or Bar Code Label (Insert Customer No. or, Attect to be code label new) (Insert Customer No. or, Attect to be code label new)						
Name	Gowling Lasteur Henderson LLP					
Address	Suite 4900, Commerce Court West,					
City	Toronto	State	Ontario Zip Code MSL 1J3			
Country	Canada 7	elephone 4	16 862-7525 Fax 416 862-7661			
Name	(Frant/Type) Peter Milite	Registration No. (Attorney/Agent) 34,534				
Signature Date July 30, 2001						
urden Hour S	Statement: This form is estimated to take 0.2	hours to comp	sts. Time will vary depending upon the needs of the Individual case. Am			

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2. Payment Enclosed:

1. BASIC FILING FEE

101 710

107 490

Total Claims

Large Entity Small Entity

Fee Fee Fee Fee Code (\$) Code (\$)

2. EXTRA CLAIM FEES

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FEE CALCULATION

201 355 Utility filing fee 🗸

206 160 Design filling fee

207 245 Plant filling fee 108 710 208 355 Reissue filing fee 114 150 214 75 Provisional filing fee

Fee Description

SUBTOTAL (1) (\$)

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Fee Paid

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Extra Claims

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PTO/SE/17 (11-00)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMR control number. Complete if Known Application Number Filing Date CRUPI First Named Inventor Examiner Name **Group Art Unit** Attorney Docket No. 8466250US FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Small Other Fee Paid 355

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Large Fee Code	Fee	Sma Fee Code		y Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	60	209	40	** Relssue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
			SUI	BTOTAL (2) (\$)

"or number previously paid, if greater, For Reissues, see above

Entity		Enti	ity		
Fee Cod		Fee Cod		Fee Description	Fee Paid
105	130	205	65	Surcharge - tate filing fee or oath	
127	50	227	25	Surcharge - late provisional filling fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	195	Extension for reply within second month	
117	890	217	445	Extension for repty within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filting a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138 1	1,510	Petition to Institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1.240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Ullility issue fee (or relasue)	
143	440	243	220	Design Issue fee	
144	600	244	300	Plant Issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(g)	
126	180	126		Submission of Information Disclosure Street	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
148	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other	Other fee (specify)				
*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY Complete (# applicable) Name (Print/Type) PETER Telcohone 416 862-7525 (Attorney/Agent) Signature Date July 30, 2001

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